System/Plan	Employer Name	Prepared By	Date	Phone	Page
TRS 1					

Retiree Information

Employment Information

Begin Date - MM/DD/YYYY   End Date - MM/DD/YYYY   Position Status

SSN:	Name:							On-Call:	Contracted:
SSN:	Name:							On-Call:	Contracted:
SSN:	Name:							On-Call:	Contracted:
SSN:	Name:							On-Call:	Contracted:
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SSN:	Name:							On-Call:	Contracted:
SSN:	Name:							On-Call:	Contracted:
SSN:	Name:							On-Call:	Contracted:

Mail Completed form to:

Employer Support Services
Department of Retirement Systems
P.O. Box 48380
Olympia, WA. 98504-8380